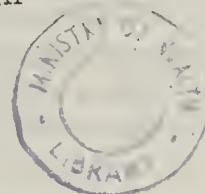


LODDON RURAL DISTRICT COUNCILTHE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1963.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present this Report for the year ending 31st December 1963.

INTRODUCTION

Your present Medical Officer did not take office until the beginning of 1964 and it would therefore be inappropriate to set down any lengthy dissertation on matters of opinion, as is the custom of medical officers of health in introducing annual reports. Nevertheless, it may be relevant to say something about the way in which the health and sanitary circumstances of both the District and the Nation in general have appeared to one who has very recently returned from service in an under-developed country.

Clearly the state of health has been most excellent, as will be apparent from the appended statistics. The infant's chance of a lengthy and healthy life has continued to improve and the provisional national infant mortality rate of 20.9 infant deaths per 1,000 live births was the lowest ever recorded. This contrasts with 150 infant deaths in the England and Wales of 1901 and with 250 in parts of East Africa at the present time. Concern with the state of the public health was one of Britain's many "firsts" and a system of public health administration was developed around the middle of the last century, the first medical officer of health being appointed in 1848. Environmental control has continued since and (due also to the various immunisation procedures and the discovery of antibiotics) the infectious diseases no longer present a threat by previous standards. And so the community appears healthy and the medical officers of health seem nearly to have worked themselves out of a job!

But the community is in fact not nearly as healthy as it should and could be. There is no doubt that the future will see very considerable advance in prevention of the non-infectious diseases which are at present responsible for a vast amount of ill-health, suffering and death, often at a time of life when an individual is in his prime as a productive member of society. The most important of these disorders are coronary artery disease, chronic bronchitis and cancer and although it is probable that many factors are involved in the causation of all three, it will be surprising if environmental error is not of great importance in most, if not all, cases. No one would imagine that man was created or evolved to lead the modern life of subjection to mental stress, to artificial foods, to over feeding, to polluted atmosphere and to inadequate exercise. It will be for the public health doctors, more than others, to determine the environmental factors that now lead to so much misery. It is to be hoped, however, that having determined them, the public will take heed. The most important factor in causing lung cancer has been known for several years and yet cigarette sales have been unaffected.

The continuing popularity of the cigarette habit represents a total failure of health education. It is quite inconceivable that any infectious disease would be allowed to continue to kill more than twenty five thousand persons a year in this country without an all out attack being launched on the cause of the infection. There is no difficulty in accepting the concept of an invading germ that has to be fought by all possible means, but the acceptance of disease caused by a personal indulgence is not easy. It implies

a criticism of oneself rather than of forces outside one's own responsibility and since self-criticism is unpalatable it leads most smokers to refuse to accept the evidence. However, the evidence is at least as sound as that which led to the immobilization of the Broad Street water pump in 1854 and to the rapidly consequent end of the cholera epidemic. Action was then taken without "courtroom" proof and the action soon provided the proof. Unfortunately, there will always be found some expert to say what it is convenient to hear; the smoking problem, fluoridation of drinking water, smallpox vaccination have all suffered in this way.

Although having commented that the battle against infectious disease has been successful, there nevertheless exists a degree of unjustified complacency. The acceptance of smallpox vaccination is unsatisfactory and the vaccination state is now such as to offer very little impediment to an outbreak. Triple vaccine (diphtheria/whooping cough/tetanus) is more popular but the population is not adequately protected against diphtheria and it may be that there will be cause to regret this in the future. Even with the relatively new polio-myelitis vaccine, for which the public showed such early enthusiasm, the proportion of protected women in their early child-bearing years (a group at special risk) is not as high as it should be.

Housing, food hygiene, the provision of sound water and the disposal of sewage are all of high and satisfactory standard but, once more, complacency must be resisted. In particular, the writer was surprised to find so many dwellings still dependent on pail closets and this presents a public health threat that is both potential and actual since a moderate incidence of epidemic vomiting in 1963 was probably related to the continuing presence of these outdated, insanitary contrivances. It must in fact be reported that the schools, in which the health standards of the rising generation will, as much as anywhere, be learned, are not always equipped to modern sanitary standards.

As to food hygiene, standards in our food shops have improved greatly in recent years but much remains to be done. Some proprietors have lagged behind in providing modern fittings and so made it difficult for the most zealous assistant to practice good food hygiene whilst others have modernised their premises and yet failed to instruct and supervise their staff in food handling manners. In either case the most immediate and effective remedy lies with the customers but the public consciousness of the importance of sound food hygiene is not yet adequately developed.

LOCAL HEALTH SERVICES AND YOUR MEDICAL OFFICER OF HEALTH

I have several times encountered misunderstanding about the organisation of local health services and this seems a good opportunity of outlining the position.

District Councils are local sanitary authorities under the Public Health Acts and are thus responsible for many aspects of environmental hygiene such as housing, food hygiene, the disposal of sewage and refuse, the provision of a sound water supply, the investigation of smoke and other nuisances and the control of infectious diseases. To this end the Authority is required to appoint a Medical Officer of Health who may be part-time.

The District Council, however, has no responsibility under the National Health Service Act and under this Act the County Council is the local health authority responsible for maternal and child welfare, and for the provision of a domiciliary midwifery, home nursing, health visiting and home help service. The County is also responsible for immunisation and ambulance services and for the non-medical care of persons sick or convalescent in their homes. The County also provides welfare services under the National Assis-

tance Act and a School Health Service (which includes dental care) under the Education Acts.

Loddon is grouped with Depwade Rural and Wymondham and Diss Urban Districts to form Area 5 of the Norfolk County Council. Your Medical Officer of Health is also Medical Officer of Health to the other three Districts and he is an Assistant County Medical Officer responsible to the County Medical Officer for Area 5 as well as School Medical Officer, Area 5, responsible to the Principal School Medical Officer.

STAFF

Dr. W.E. Holmes continued as Medical Officer of Health until his retirement in November 1963, having served your Council for some 10 years. Dr. G.R. Holtby acted for the remainder of the year.

Mr. K.S. Starling served as Senior Public Health Inspector throughout the year being assisted by Mr. R.W. Garrood.

VITAL STATISTICS

(a) General

As is the custom, a number of statistical rates have been calculated from the available data and these may be compared with the corresponding rates for England and Wales. Where larger numbers are involved, as in calculating birth and death rates, such comparisons have some validity, but where numbers are smaller, such as in the infant mortality or still birth rates, comparison with the national figures may be misleading.

The crude birth and death rates have been adjusted by use of a Comparability Factor which compensates for deviation in the age and sex composition of the population as compared with that of England and Wales. The adjusted rates may thus be compared fairly not only with national rates but with those of other districts.

(b) Population

The Registrar-General estimated the mid-year population of Loddon Rural District in 1963 at 12,350 compared with 12,260 in 1962.

(c) Births

There were 193 live births in 1963; 99 boys and 94 girls. The crude birth rate (live births per 1,000 population) was therefore 15.6 (15.0 in 1962) and, when adjusted by the Comparability Factor, 16.1. This compares with a provisional rate for England and Wales of 18.2 live births per 1,000 population.

There were 10 illegitimate live births compared with 14 in 1962 and 4 in 1961.

(d) Still Births

Eight were recorded, 6 boys and 2 girls, compared with five last year. The still birth rate was therefore 39.8 still births per 1,000 total births whilst the provisional England and Wales figure was 17.3.

(e) Infant Mortality

The national infant mortality experience in 1963 was the most satisfactory ever recorded with a provisional infant mortality rate of 20.9 deaths of infants under one year per 1,000 live births. Loddon suffered two deaths which gave a rate of 10.4. This reflects credit on the maternal and child care services and on the mothers of the district but it will be realised that it may often be fortuitous whether an embryo with serious congenital malformation dies in utero and is registered as a still birth or succumbs soon after birth and is accounted an infant death. Advance in the prevention of congenital malformation has not matched advance in other aspects of maternal and child care and it is for this reason that only limited improvement has been made in the last few years in the infant mortality and still birth rates.

Both of the infant deaths were due to premature labour.

(f) Deaths

Deaths numbered 139 in 1963 compared with 144 in the previous year. The crude death rate was therefore 11.2 deaths per 1,000 population and the adjusted rate was 10.1. This latter compares favourably with an England and Wales provisional rate of 12.2 deaths per 1,000 home population.

The causes of death are listed in Table 11 - they follow the usual pattern. Of the 139 deaths, 74 occurred over the age of 75 years, a proportion of 53, but 20 (12 men and 8 women) occurred in the age group 45 to 65 years and this cannot be regarded as satisfactory. In the introduction to this report it was suggested that the modern environment had promoted an increase in certain non-infectious diseases as surely as the insanitary environment of the past promoted the high incidence of infectious disease then experienced. Of the 20 premature deaths, 13 were caused by the three diseases -

Coronary artery disease	(4 deaths)
Cancer	(6 deaths)
Chronic bronchitis	(3 deaths)

There were 7 deaths from accidents of which 3 involved motor vehicles. It is good to report that there were no accidental deaths in children but two young men died, one of drowning and the other in a motor cycle accident.

COMMUNICABLE DISEASES

Three hundred and forty cases of infectious diseases (excluding tuberculosis) were notified by medical practitioners in 1963, a figure which contrasts with the 109 cases of 1962. This does not, however, represent as serious a setback in the public health fortunes of Loddon as it appears, since 266 were cases of measles. It was evident that a large number of susceptible children had accumulated during the previous year of low measles incidence.

Two troublesome outbreaks of dysentery occurred, both being caused by the Sonnei organism which is the least dangerous of the dysentery bacilli. The first, in March and April, involved seventeen known cases and spread initially in Brooke School, having been brought there from Norwich by the original case. The second outbreak occurred in the late summer period, July to September, twenty cases being notified in the Loddon, Claxton, Ashby area. The grouping in time and place suggested a common origin but none was proven.

Five cases of food poisoning were dealt with, all due to Salmonella typhimurium and also occurring from June to September. They were probably quite unrelated. Among the contacts of these cases of Salmonellosis and of

dysentery there were several food handlers who were kept from their work until proved free of infection. This protection of the public is one of the most vital functions of the Health Department.

There were 7 cases of scarlet fever. Opinion is divided as to the importance of this disease at the present time and it is often treated with complete unconcern. However, whilst the initial illness is usually very mild, there is no shortage of reports of rheumatic or nephritic complications in the patient or in contacts. Policy in Area 5 has been to swab scarlet fever contacts for streptococcal infection but not to exclude contacts from school unless a positive swab is received.

Six cattle died of anthrax during the year, one of them having been conveyed to a knacker's yard after death. In one instance, the death was the third on the same farm in three successive years which suggests that present methods of disinfection may be inadequate.

Brucellosis is not a notifiable infectious disease and is in any case difficult of diagnosis. It is therefore not known whether any human case occurred in 1963 but the infection was demonstrated in one milking herd of 52 beasts. In such cases your Medical Officer of Health is empowered to require that the milk shall be pasteurised before sale but no powers exist in regard to the infected animals.

One case of tuberculosis was notified in the year, being a tuberculous abscess of the sternum in a 76 year old woman. In the last decade the incidence of this disease has been most dramatically reduced and this has been due to a marked improvement in the standard of living of the people and in their environmental sanitation, as well as to the introduction of drugs capable of destroying the tubercle bacillus. It is not entirely satisfactory, however, that the few new cases continue to arise since the eradication of tuberculosis seemed at one time to be within reach.

HOUSING, WATER SUPPLIES AND SEWAGE DISPOSAL

These matters are fully dealt with in the appended Report of the Senior Public Health Inspector. Since the writer was not appointed until 1964, it is not proposed to add to that report, except only to comment, as so many have before me, on the excellence of your Council's housing in Loddon District.

HEALTH EDUCATION

It will be recalled that my predecessor made a case in his Report for 1962 that District Councils might take positive action in promoting health education, and this was later followed up by the preparation of an outline plan in which the somewhat nebulous subject of health education was given real substance. The various aspects of the subject were set out, and each was accompanied by a practical guide to action.

Dr. Holmes contributed two articles on health education, one to the Rural District Review and the other to the Quarterly News Bulletin of the Central Council for Health Education. He also addressed that Council's Study Day in November 1963.

In November, a lecture/demonstration was given by an officer of the Central Council following a meeting of the Home Safety Committee, and representatives of other Councils were invited.

These various activities led to agreement that the Home Safety Committee should be reconstructed as a Health Education Committee with its terms of

reference widened accordingly. Prior to this, however, the Home Safety Committee, which was in its second year of existence, had continued to develop its work very satisfactorily, and a report by the Secretary of the Committee is appended.

CONCLUSION

I have no doubt that my predecessor would wish me to conclude this Report by thanking the Chairman of the Council and the Chairman and members of the Public Health Committee for their support of his work throughout the year.

He would also wish me to acknowledge thankfully the ready co-operation of the Clerk of the Council and the Public Health Inspectors as well as other members of the staff both at Loddon and at the Norwich office.

I have the honour to be,

Your obedient servant,

D.F. HADMAN.

Local Health Office,
Aspland Road,
Riverside Road,
NORWICH,
Norfolk,
NOR 19S.

HOME SAFETY COMMITTEE.

Is "Home Sweet Home" the place of safety so many believe it to be? Alas it is not. It is a sad and startling fact that each year 8,000 deaths - mainly in the very old and the very young age groups - result from accidents in the home. Even deaths from accidents on the road do not reach this alarming figure.

Faced with the problem of communicating to the public the urgent need for Home Safety education the Committee decided to use the following propaganda methods:-

1. Home Safety Exhibitions.
2. Home Safety Talks.
3. Home Safety Play.

Home Safety Exhibitions.

The first exhibition was held at the Steam Engine Rally at Woodton Old Hall. The main items were First Aid demonstrations by members of the Red Cross and Casualty Union, showing treatment for accidents in the home. A display on prevention of fire in the home by the Fire Prevention Officers of the Norfolk County Fire Service. A "Buy for Safety" section, showing safety approved items, such as cot, pillow, fire guard, electrical appliances, etc. and a poster competition designed to make people really look and learn from the Home Safety posters on display.

The Exhibition aroused considerable interest, many hundreds of people passed through the tent during the afternoon and members were kept busy answering numerous questions. 866 entered the poster competition.

The Exhibition was repeated at the Road Safety Rally at Seething Airfield and again was most successful.

Home Safety Talks.

Members of the Committee formed a Speakers' Panel and visited local organisations, including Womens' Institutes, Old Folks Clubs, Young Wives Groups, Mothers Union meetings and Youth organisations. A projector, screen and film strips were purchased to help the speakers with this work.

Home Safety Play.

In the Autumn "Accidents in the Home" a documentary play written, produced and acted by members of the Waveney Group Women's Institute was presented to a full house, at a concert at Loddon Secondary Modern School. The following morning three old gentlemen in the local barber's were discussing the concert, one said "That there bit about safety in the home made me think - I had a good look round when I got home, and I said to the Missus....."

Health Education Committee.

During the year Dr. W.E. Holmes, brought out his "Outline Plan for Practical Health Education". He envisaged the formation of a Health Education Committee to include all forms of health, safety and welfare in its terms of reference. He suggested that the Home Safety Committee, by widening its scope, might well form the basis of such a Committee. The Doctor's suggestions were given careful consideration and accepted in principal, with the result that the Council has now formed a Health Education Committee which will in future include Home Safety matters in its programme.

During its short life the Home Safety Committee fairly claims some success in its propaganda efforts and hopes the Health Education Committee will actively carry on this vital work.

A.C. Hambling.

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LODDON RURAL DISTRICT - 1963.

Table 1. GENERAL STATISTICS

Area (in acres)	60,406
Estimated Resident Population	12,350
Rateable Value	£231,624
Sum produced by a Penny Rate	£931

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	93	90	183
Illegitimate	6	4	10
Totals	99	94	193

Live Birth Rate per 1,000 of estimated Resident Population = 15.6

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	5	2	7
Illegitimate	1	-	1
Totals	6	2	8

Still Birth Rate per 1,000 total births = 39.8

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	99	94	193
Still	6	2	8
Totals	105	96	201

Table 5. INFANT DEATHS
 (a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	2	-	2
Illegitimate	-	-	-
Totals	2	-	2

Infant Mortality Rates:

Total = 10.4 (per 1,000 live births)
 Legitimate = 10.9 (per 1,000 legitimate births)
 Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during the first four weeks)

	Males	Females	Total
Legitimate	2	-	2
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 10.4

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate (per 1,000 live births) = 5.2

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	6	2	8
Illegitimate	1	-	1

Perinatal Mortality Rate (per 1,000 total births) = 44.8

Table 6. ILLEGITIMATE BIRTHS

Males - 6 Females -- 4 Total - 10 = 5% of Total Live Births.

Table 7. MATERNAL DEATHS (Including abortion) = Nil

Maternal Mortality Rate (per 1,000 total births) = 0.0

Table 8. DEATHS (All ages)

Males	Females	Total
66	73	139

Crude Death Rate (per 1,000 of Estimated Resident Population) = 11.2

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

Cause	Males	Females	Total
Prematurity	2	-	2
Totals	2	-	2

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR
(According to Age Groups)

	Males	Females	Total
Under 4 weeks	2	-	2
4 weeks and under 1 year	-	-	-
1 and under 5	-	-	-
5 " " 15	1	1	2
15 " " 25	4	-	4
25 " " 35	-	-	-
35 " " 45	1	-	1
45 " " 55	1	4	5
55 " " 65	11	4	15
65 " " 75	14	22	36
75 and over	32	42	74
Totals	66	73	139

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
1. Tuberculosis, respiratory.	-	1	1
10. Malignant neoplasm, stomach.	1	2	3
11. Malignant neoplasm, lung, bronchus.	3	2	5
12. Malignant neoplasm, breast.	-	1	1
13. Malignant neoplasm, uterus.	-	1	1
14. Other malignant and lymphatic neoplasms.	8	7	15
15. Leukemia, Aleukemia.	1	1	2
16. Diabetes.	2	2	4
17. Vascular lesions of nervous system.	8	10	18
18. Coronary disease, angina.	1	2	3
19. Hypertension with heart disease.	11	10	21
20. Other heart diseases.	6	18	24
21. Other circulatory diseases.	6	4	10
22. Influenza.	1	1	2
23. Pneumonia.	6	4	10
24. Bronchitis.	2	1	3
27. Gastritis, enteritis and diarrhoea.	1	-	1
31. Congenital malformations.	-	1	1
32. Other defined and ill-defined diseases.	4	3	7
33. Motor vehicle accidents.	2	1	3
34. All other accidents.	3	1	4
Totals	66	73	139

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1957	1958	1959	1960	1961	1962	1963
<u>Live Births (per 1,000 pop)</u>	(172)	(174)	(178)	(171)	(174)	(184)	(193)
Loddon R.D.	13.5	13.6	14.0	13.5	14.2	15.0	15.6
Area 5.	13.3	14.9	13.7	14.1	14.2	13.9	15.2
England and Wales (provisional)	16.1	16.4	16.5	17.1	17.4	18.0	18.2
<u>Still Births (per 1,000 total births)</u>	(6)	(3)	(4)	(2)	(1)	(5)	(8)
Loddon R.D.	33.7	16.9	22.0	11.6	5.7	26.5	39.8
Area 5.	22.0	9.9	19.9	20.7	8.9	21.4	29.1
England and Wales (provisional)	22.4	21.6	20.7	19.7	18.7	18.1	17.3
<u>Crude Deaths (per 1,000 pop)</u>	(140)	(133)	(152)	(130)	(137)	(144)	(139)
Loddon R.D.	10.9	10.4	11.9	10.2	11.2	11.7	11.2
Area 5.	11.1	12.1	12.4	11.8	12.4	12.1	12.2
England and Wales (provisional)	11.5	11.7	11.6	11.5	12.0	11.9	12.2
<u>Infant Mortality (per 1,000 live births)</u>	(2)	(1)	(5)	(2)	(1)	(3)	(2)
Loddon R.D.	11.6	5.7	28.0	11.7	5.7	16.3	10.4
Area 5.	15.0	8.3	25.4	14.1	9.0	14.5	11.6
England and Wales (provisional)	23.0	22.5	22.0	21.7	21.4	21.4	20.9

NOTE: 1. Figures in brackets are the actual numbers for Loddon R.D.

2. Area 5 comprises Depwade & Loddon R.Ds. and Diss & Wymondham U.Ds.

Table 13. DEATHS DUE TO CANCER - Loddon R.D.

	1957	1958	1959	1960	1961	1962	1963
Number of deaths.	16	19	34	23	23	23	23
Percentage of total deaths.	11.4	14.3	22.4	17.7	15.3	16.0	18.0

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Loddon R.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1963	66	12	3	73	13	2
1962	85	15	4	59	8	1
1961	67	12	6	70	11	1
1960	67	10	2	63	13	-
1959	75	17	7	77	17	-
Totals	360	66	22	342	62	4

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) ACCORDING TO AGE GROUPS - Loddon R.D.

	Under 1	1 - 4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	-	3	4	-	-	7
Measles	11	92	154	8	1	266
Whooping Cough	1	1	2	2	-	6
Pneumonia	-	-	2	1	8	11
Infective Jaundice	-	-	-	-	4	4
Puerperal Pyrexia	-	-	-	2	1	3
Dysentery	-	4	20	5	8	37
Food Poisoning	-	1	1	1	2	5
Encephalitis (inf)	-	-	-	1	-	1
Totals	12	101	183	20	24	340

Table 16. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
DURING LAST FIVE YEARS - Loddon R.D.

	1959	1960	1961	1962	1963
Scarlet Fever	30	20	14	6	7
Measles	36	13	429	84	266
Whooping Cough	12	4	21	5	6
Pneumonia	13	12	1	11	11
Infective Jaundice	1	5	2	1	4
Erysipelas	1	5	1	-	-
Dysentery (some)	9	7	-	-	37
Food Poisoning	3	-	2	-	5
Puerperal Pyrexia	4	1	4	1	3
Polio myelitis	-	-	-	-	-
Encephalitis (post infectious)	1	-	-	-	-
" (infective)	-	-	-	-	1
Meningococcal Infection	-	-	1	-	-
Paratyphoid Fever	-	-	-	1	-
Totals	110	67	475	109	340

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS
Loddon R.D.

		1959	1960	1961	1962	1963
Pulmonary						
	Male	2	1	1	2	-
	Female	-	-	2	1	-
Non-Pulmonary						
	Male	-	1	1	-	-
	Female	-	-	-	-	1
Loddon R.D.	Total	2	2	4	3	1
Area 5.	Total	8	13	12	8	7

Table 18. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

Year	Primary Injections			Booster Injections	
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14
1963	244	547	97	94	861
1962	155	448	28	48	304
1961	295	598	157	89	766
1960	377	472	314	27	1,233
1959	312	466	23	20	74

Table 19. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Loddon R.D.					Area 5.				
	1959	1960	1961	1962	1963	1959	1960	1961	1962	1963
Number of live births registered.	178	171	174	184	193	551	567	556	550	601
Number of vaccinations recorded (0-4 years).	140	170	158	145	65	472	508	458	420	222
Percentage vaccinated.	79	100	80	79	34	86	89	82	76	37

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and boosters given in Area 5 since the scheme commenced.

Table A shows the numbers immunised with the Salk vaccine (by injection) and Table B those given the Sabin vaccine (Oral) which became generally available in mid-1962.

(A) Salk:

Year	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	Age 5-12
1963	31	4	26	42	6	31	-
1962	234	37	151	294	115	914	27
1961	601	535	2068	427	228	824	3017
1960	397	227	853	660	566	1636	-
1959	593	677	2220	1377	3261	864	-
1958	1648	3159	154	32	1284	2	-
1957	197	1115	-	-	-	-	-
1956	40	121	-	-	-	-	-

(B) Sabin:

Year	Primary			Booster (3rd - after 2 Salk)			Booster (4th)	
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	School Age	Others
1963	424	22	15	66	2	-	483	-
1962	197	131	1359	230	312	1077	426	-

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough primary immunisations recorded in Area 5 during the last five years.

Year	Under 1	Age 1-4	Age 5-14	Totals
1963	244	301	5	550
1962	149	291	12	452
1961	291	300	26	617
1960	368	100	124	592
1959	318	227	16	561

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last five years. Immunisation against this disease was included in the County Council's scheme in September 1958.

Year	Primary			Booster			
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1963	242	306	504	219	100	284	44
1962	152	312	725	399	50	103	37
1961	282	329	1651	580	73	80	63
1960	374	198	1823	691	22	56	87
1959	307	258	218	144	11	27	39

Table 23. B.C.G. VACCINATION

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations in Area 5 in the last five years is recorded.

Year	Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
1963	472	97	352
1962	586	146	434
1961	426	104	303
1960	544	91	429
1959	467	98	364

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ANNUAL REPORT OF THE
SENIOR PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1963

Farthing Green House
Loddon,
Norwich, Nor.23W.

To the Chairman and Members of the
Loddon Rural District Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report
for the year ending 31st December, 1963.

H O U S I N G.

(a) New Dwellings.

The number of new dwellings constructed during
the year is shown in the table below :-

Type of Dwelling.	Council.	Private.	Total.
Bungalows.	13	50.	63
Houses.	1	13.	14
TOTAL.	14	63.	77

During the eleven year period 1953 to 1963, 646
new dwellings have been constructed, an annual average of
59. This total is made up of 255 constructed by the
Council and 391 by private developers.

Population movement to the South East of England
appears in a small way to be affecting this district. My
previous Annual Report stated that the building boom was
virtually over; this has since proved to be incorrect
because the building rate has been well maintained, although
it slowed down quite considerably on some sites. Proximity
to Norwich did not account necessarily for why some sites
succeeded while others hung fire.

For success there must be good design related to
reasonable cost. Lack of either will slow down development
and lack of both brings it to a halt.

The East Anglian preponderance of bungalows over
houses is still with us, as shown in the table figures.

(b) Old Dwellings.

The Government gave further encouragement for the
modernisation of old dwellings; much has been accomplished
but there is still far to go in this direction. This
district is well to the fore in this work and publicity for
grants is wide spread because all the builders in the area
have had a great deal of experience of modernising houses
and work has been carried out in every parish in this rural
district.

(b) Old Dwellings continued

At the time of writing this report grants have been increased under certain circumstances but for 1963 the types of grant were :-

- (i) Standard Grants - maximum of £155 for the five amenities of bath, basin, water closet, hot water system and larder.
- (ii) Discretionary Grants - a maximum of £400 for the complete modernisation of a building, including conversion.

During the year the following figures were recorded :-

STANDARD GRANTS.

No. Received.		No. Approved.		No. Completed.	
Owner/Occ.	Tenant.	Owner/Occ.	Tenant.	Owner/Occ.	Tenant.
22	13	22	13	18	9
TOTAL 35		35		27	

This was an increase of ten applications and two completions over the previous year

DISCRETIONARY GRANTS.

	No. Received.		No. Approved.		No. Completed.	
	Owner/Occ.	Tenant.	Owner/Occ.	Tenant.	Owner/Occ.	Tenant.
Improvements	20	22	20	22	10	9
	42		42		19	
Conversions	-	-	-	-	2	2
	-		-		4	
Totals	42		42		23	

The number of applications increased by three but the number completed fell by eighteen over the previous year.

(b) Old Dwellings continued

Action taken in respect of Old Property.

Visits and inspections	83
Houses demolished	10
Undertakings and Orders	37
Houses repaired	31

(c) Overcrowding.

There were no cases of overcrowding reported or investigated during the year.

(d) Verminous and other Infested Premises.

One case was reported and treated effectively.

(c) Moveable Dwellings.

The annual survey was carried out in August for the County Planning Department.

There are three licensed caravan sites in the area, each limited to a specific number of holiday caravans, during the summer months.

Number of individual licensed caravans 10.

Number of Visits 50.

W A T E R S U P P L I E S.

(a) Rainfall.

The figure for the Loddon area was 20.51 inches, an improvement over the previous year, when the figure was 18.56 inches, but below the Norfolk average of 24.61 inches over the last 26 years.

WATER SUPPLIES.

(a) Rainfall continued

Rainfall in the Loddon area for 1963

Month.	Monthly rainfall in inches.	Total rainfall for year in inches.
January.	0.75	0.75
February.	0.60	1.35
March.	2.30	3.65
April.	1.54	5.19
May.	2.32	7.51
June	1.27	8.78
July	2.45	11.23
August.	3.63	14.86
September.	1.46	16.32
October.	1.41	17.73
November.	2.05	19.78
December.	1.73	20.51

Loddon Rain Station.

(b) Public Water Supplies.

The district continues to be supplied with mains water from :-

- (i) Norwich Waterworks, source River Wensum via the water tower at Yelverton - 20,000 gallons capacity, the water tower at Loddon Ingloss - 245,000 gallons capacity and the Booster Main via Brooke. This water supplies the whole area apart from six southern parishes.
- (ii) Bungay Headworks on Outney Common via the steel water tower at Ditchingham - 90,000 gallons capacity. This serves the southern parishes of the district - Ditchingham, Broome, Kirby Cane, Ellingham, Geldeston and Gillingham.

The number of connections to the water mains during the year was 156. The figures for the respective parishes will be found in the schedule on page 5.

The demand for water in the area is growing, due to the number of new dwellings being built and old properties modernised. This demand has caused concern and has necessitated investigations into increasing the supply of mains water into the district.

Bacteriological water samples were taken from the consumers tap, all 70 of which were highly satisfactory on analysis.

PARISH.	Total Domestic.	Total Meters.	Total To date.
ALDEBY.	85	27	112
ALPINGTON.	50	11	61
ASHBY ST. MARY.	19	8	27
BEDINGHAM.	28	18	46
BERGH APTON.	111	25	136
BROOKE.	224	34	258
BROOME.	91	17	108
BURGH ST. PETER.	47	9	56
CARLETON ST. PETER.	3	3	6
CHEDGRAVE.	131	7	138
CLAXTON.	28	3	31
DITCHINGHAM.	316	30	346
ELLINGHAM.	78	15	93
GELDESTON.	95	22	117
GILLINGHAM.	105	16	121
HADDISCOE.	95	24	119
HALES.	86	14	100
HECKINGHAM.	33	14	47
HEDENHAM.	51	20	71
HELLINGTON.	15	2	17
HOWE.	13	4	17
KIRBY CANE.	79	24	103
KIRSTEAD.	39	14	53
LANGLEY-WITH-HARDLEY.	79	16	95
LODDON.	394	79	473
MUNDHAM.	24	14	38
NORTON SUBCOURSE.	54	23	77
RAVENINGHAM.	57	20	77
SEETHING.	79	20	99
SISLAND.	-	1	1
STOCKTON.	18	10	28
THURLTON.	66	20	86
THURTON.	72	14	86
THWAITE.	18	12	30
TOFT MONKS.	79	14	93
TOPCROFT.	49	22	71
WHEATACRE.	24	8	32
WOODTON.	99	31	130
YELVERTON.	24	12	36
TOTAL :	2,958.	677	3,635.

W A T E R S U P P L I E S

(c) Well Water Samples.

20 Well water samples were taken for bacteriological examination, 12 of which were satisfactory, and 8 were unsatisfactory.

The action taken in respect of the unsatisfactory samples was as follows :-

1 Well cleaned out.

7 Properties connected to the water main.

S E W A G E D I S P O S A L.

Existing Plants.

There are four main sewage disposal works in the area :-

- (a) Loddon and Chedgrave.
- (b) Brooke.
- (c) Ditchingham.
- (d) Ellingham and Kirby Cane.

Under Construction.

One village scheme at Gillingham was under construction and scheduled to come into operation at the beginning of 1964. Several months will elapse, however, before the properties in the sewer area are connected.

Future Schemes.

A priority list for the remainder of the parishes has been prepared and agreed by the Council. The scheme for Norton and Thurlton was approved, and is under construction at the time of writing.

It must be realised that as development takes place in certain parishes, in excess of that anticipated two years ago, alteration to the order of the priority list may occur.

Housing Plants.

Thirty four smaller sewage treatment plants serve groups of Council Houses where no village scheme exists. When a village scheme is constructed such smaller plants are closed and the houses served by them are connected to the village sewers. This was the case in Gillingham where the plants at Forge Grove and The Boundaries were closed.

SEWAGE DISPOSAL.

Septic Tanks.

House modernisation necessitates the construction of a large number of septic tanks. As many as possible are connected to new sewage schemes by the expedient of advising owners to have such an installation constructed solely with this item in mind. However, septic tanks will continue to have to serve a large number of houses in truly rural situations.

The problem of crude sewage discharge into rivers by holiday craft has been reported to you in my last two annual reports and I am glad to report that a Norfolk Technical Committee is examining this problem very closely at the present time. The recommendations of this Committee are causing a certain amount of controversy but they must be implemented if the rivers are to be maintained in a satisfactory condition, with regard to vision, odour and biology.

The septic tank emptying service and night soil collection service (in Loddon, Chedgrave and Ditchingham) continues. Some 53 properties in these parishes still have to have night soil pails emptied as they are outside the sewer area. The number does reduce slightly each year as these properties are modernised.

Yearly details of septic tank emptying are as follows :-

Type of Plant.	Number of Loads.
Private Tanks.	446.0
Small Council Tanks.	239.0
Miscellaneous tanks.	348.5
TOTAL :	1,033.5

This is approximately 1,033,500 gallons or a monthly average of 86,000 gallons, and an annual increase of 103,500 gallons. This figure is almost twice the annual total of the first year of operation, and is probably a peak figure. In this total there was a slight drop in the number of loads from private and small Council tanks, but an increase in other work. This was chiefly due to farm tanks and desludging at Sewage Works, made necessary by adverse weather conditions in not permitting sludge beds to dry off rapidly.

Generally.

Additional sludge drying beds were constructed at Loddon and Brooke Works.

At the time of writing two sewage works attendants are employed to maintain and service five sewage works and eleven pumping installations and the Public Conveniences.

Proper maintenance of all the installations is of prime importance, and the employment of a second man has greatly aided this. At the same time the growth of

SEWAGE DISPOSAL.

Generally continued

Loddon/Chedgrave and Brooke has meant increased maintenance at these sewage works in order to try to produce a satisfactory effluent, but both these works are being outstripped and are in excess of the design figures. Investigation into this problem is being dealt with at present.

The sewers themselves need regular attention by rodding and flushing out, if trouble is to be avoided. Blockages and silting up can and do occur, and regular attention to the sewers can reduce this to a negligible degree. By the time the Norton and Thurlton scheme is completed, I feel it will be necessary to employ a third operative for the correct and efficient operation and maintenance of the Works, pump stations, machinery and sewers. The latter have not received the full attention required for satisfactory maintenance, due to shortage of labour.

REFUSE COLLECTION.

During the year 757 loads were collected which is approximately 13,626 cubic yards of refuse and an increase of 1,000 cubic yards over the previous year.

When collection records were commenced in 1959 the fortnightly number of loads was 23 and in 1963 this had increased to 29 loads or 108 cubic yards per fortnight. This figure is still growing and presents a very great problem, which even the most up to date vehicle and efficient loading team would find impossible to collect the whole district in a fortnight.

It should be the aim of the Council to achieve a weekly collection service in the immediate future, using two vehicles, keeping the old machine as duty stand-by, for boatyard and lay-by collections.

Number of Visits 126

SUPERVISION OF FOOD SUPPLIES.

(1) Meat Inspection.

One hundred per cent meat inspection was carried out.

SUPERVISION OF FOOD SUPPLIES

(1) Meat Inspection continued

CARCASES AND OFFALS INSPECTED AND CONDEMNED IN WHOLE OR PART.

Details.	Cattle.	Calves.	Pigs.	Sheep.
Number killed.	164	Nil.	Nil	Nil.
Number inspected.	164	Nil.	Nil.	Nil.
All diseases except tuberculosis.				
(a) Where whole carcase is condemned.	Nil	Nil	Nil	Nil
(b) Carcase of which some part or organ was condemned.	3	Nil	Nil	Nil
(c) Percentage of inspected number affected with disease other than T.B.	1.83	Nil	Nil	Nil
Tuberculosis only.				
(a) Whole carcase condemned.	Nil	Nil	Nil	Nil
(b) Carcase of which some part or organ was condemned.	3	Nil	Nil	Nil
(c) Percentage of inspected number affected with T.B.	1.83	Nil	Nil	Nil

The following condemnations were made and surrendered voluntarily :-

Animal.	Organ.	Condition.
Beast.	2 Mesenteric Fats.	Tuberculosis.
Beast.	1 Head & Tongue	Tuberculosis.
Beast.	1 Liver.	Fluke.
Beast.	1 Liver.	Abscess.
Beast.	1 Liver.	Cirrhosis.

(2) Inspection and Condemnation of Other Foods.

The services of the Public Health Department were required in the inspection and examination of certain foods and resulted in the condemnation of :-

Corned Beef (tinned) 4 lbs.
 Luncheon Meat (tinned) 32 lbs.
 Ham. (tinned) 13 lbs. 13 ozs.
 Frozen Foods (Packets) 264 items.

The latter items were unfit for human consumption by reason of breakdown in the refrigeration unit.

S U P E R V I S I O N O F F O O D S U P P L I E S

(3) Milk Supplies.

The Norfolk County Council administers the duties under these regulations. Loddon and District is a special designated area for milk, and as such only milk bearing the special designation, tuberculin tested, pasteurised or sterilized may be sold.

(4) Ice Cream.

There is only one manufacturer of Ice Cream in the area. The premises are situated on a farm. All equipment is checked by your staff, including recording charts and thermometers, and a high standard of hygiene is maintained.

All premises selling Ice Cream have to be registered under the Food and Drugs Act, 1955.

Samples of loose and prepacked Ice Cream were taken and submitted for analysis.

The results obtained were :-

Grade I.....	8
Grade II.....	0
Grade III.....	0
Grade IV.....	0
Grade V.....	<u>0</u>
TOTAL	<u>8</u>

(5) Slaughterhouses and Knackers Yards.

There is one licensed Slaughterhouse and two licensed Knackers Yards, and sixteen men licensed to slaughter animals in the district. Visits are made to these premises to ensure standards of hygiene and prevention of cruelty to animals.

Number of Visits 73.

(6) Food Premises.

The number of food premises is made up as follows :-

General Stores	55
Butchers Shops	5
Fish & Chip Shops	4
Bakeries	2
Hotels	3
Public Houses	<u>46</u>
TOTAL	<u>115</u>

Although the basic requirements exist for

S U P E R V I S I O N O F F O O D S U P P L I E S .

(6) Food Premises continued

compliance with the Food Hygiene Regulations, improvement is a gradual and constant factor in these food premises. Most owners and managers are receptive to new ideas, and try to see that the regulations are observed, but this is not always the case with staff. Continual vigilance is necessary and members of the public should not hesitate to inform the Public Health Department immediately they are not satisfied in the way in which food is served to them.

Number of Visits 121.

R O D E N T C O N T R O L .

The Council's Rodent Operator has carried out surveys, inspections and treatments in villages, trade premises, some farms, and the Council refuse tips and sewage works. Detailed annual reports are submitted to the Ministry of Agriculture, Fisheries and Food.

A large number of rats drew in to premises last winter and satisfactory "kills" were recorded.

Property.	No. of Inspections.
Council premises.	33.
Dwelling Houses.	3,866.
Other premises (including businesses)	57.
Agricultural	387.
TOTAL INSPECTIONS :	4,343.

I N F E C T I O U S D I S E A S E S .

100 visits were made by the Department into reported cases of infectious diseases, to investigate any possible connection with food handling. The majority of these visits were in connection with Sonne dysentery.

FACTORIES ACT.

There are 53 factories with mechanical power, and 14 without mechanical power. No new factories have been built, but alterations and extensions have been carried out to existing premises.

There are seven outworkers and six engaged in making wearing apparel and one in net making.

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The following is a summary of the main inspections and visits carried out :-

Sewage Works, Sewer connections etc	395.
Drainage Inspections and Tests	377.
Building Byelaws.....	815.
Building miscellaneous	97.
Improvement Grants	277.
Standard Grants	131.
Nuisance Visits	16.
Nuisances abated.....	9.
Water Supplies	215.
Rodent Control	83
Petroleum Regulations	30
Miscellaneous	76

In conclusion I would like to thank the Members of the Council and the Public Health Committee for their interest and support; also to Dr. W.E.Holmes, the Medical Officer of Health, (now retired) and other members of the staff, for their help and co-operation.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

K. S. STARLING.